

Step 1: Basic Client Information

Please complete the following basic client information and note that all fields with an * are required fields. This information is used to conduct an update or annual assessment for a client who is currently enrolled in a program. The response "Data Not Collected" means the question was not asked of the client and will report as missing on reports.

Basic Client Information:*

First Name: * _____ Last Name: * _____
Middle Name: _____ Suffix: _____
Birthdate: * _____ Social Security Number: * _____

Step 2: Project Update/Annual Assessment

Complete the project update/annual assessment information and please note all fields with an * are required fields. Complete additional forms for each household member to be updated or assessed.

Assessment Date: * _____
Case Assignment: * _____

Health Insurance:*

- ☐ Yes ☐ No
☐ Client Doesn't Know ☐ Client Refused
☐ Data Not Collected

Type:*

- ☐ Private – Employer ☐ Military Insurance
☐ Private – Individual ☐ State Funded (HIP or HIP 2.0)
☐ Medicare ☐ Indian Health Service (Native American)
☐ Medicaid ☐ Other Public
☐ State Children's Health Insurance Program ☐ Other _____
(S-CHIP; not Medicaid or HIP)

Status:*

- ☐ Active
 ☐ Start Date: _____
 ☐ End Date: _____
☐ No
 ☐ Applied; decision pending ☐ Client Doesn't Know
 ☐ Applied; client not eligible ☐ Client Refused
 ☐ Client did not apply ☐ Data Not Collected
 ☐ Insurance type N/A for this client

ClientTrack Barriers Assessment:*

<u>Barriers:*</u>	<u>Barrier Present?</u>	<u>Receiving Services/Treatment?</u>	<u>Condition Indefinite?</u>	<u>Documentation on File?</u>
Alcohol Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Developmental Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drug Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Yes <input type="checkbox"/> No

If client reports "Alcohol Abuse, Drug Abuse and/or Mental Health" as present barriers, complete the following:

How confirmed:

- ☐ Unconfirmed; presumptive or self-report
- ☐ Confirmed through assessment and clinical evaluation
- ☐ Confirmed by prior evaluation or clinical records

Serious Mental Illness (SMI):

- ☐ No
- ☐ Unconfirmed; presumptive or self-report
- ☐ Confirmed through assessment and clinical evaluation
- ☐ Confirmed by prior evaluation or clinical records
- ☐ Client Doesn't Know
- ☐ Client Refused

Domestic Violence Assessment of Victim:*

Is client a victim of domestic violence:*

- ☐ Yes ☐ No
☐ Client Doesn't Know ☐ Client Refused
☐ Data Not Collected

When Experience Occurred:*

- ☐ Within the past three months ☐ Client Doesn't Know
☐ Three to six months ago ☐ Client Refused
☐ Six to twelve months ago ☐ Data Not Collected
☐ More than a year ago

Currently Fleeing:*

- ☐ Yes ☐ No
☐ Client Doesn't Know ☐ Client Refused
☐ Data Not Collected

Victimization Date:*

Interviewer: _____

Assessment Description: _____

Interview Type: ☐ In-Person ☐ Phone Call Only

Type of Abuse:

- ☐ Physical ☐ Stalking
☐ Sexual ☐ Human Trafficking
☐ Psychological

Weapon Used:

- ☐ Knife ☐ Other
☐ Gun ☐ Unknown

Associated with DV – Alcohol:

- ☐ Yes by Abuser ☐ Yes by Both
☐ Yes by Victim ☐ No

Associated with DV – Drugs:

- ☐ Yes by Abuser ☐ Yes by Both
☐ Yes by Victim ☐ No

Length of Violent Relationship:

- ☐ Under 1 Year ☐ 11-20 Years
☐ 1-5 Years ☐ Over 20 Years
☐ 6-10 Years ☐ Unknown

Sexual Assault Type:

- ☐ Adult Sexual Assault
☐ Adult Molested As Child
☐ Child Sex Abuse
☐ Rape
☐ Attempted Rape
☐ Other Sexual Contact

Sexual Assault Location:

- ☐ Victim's Home ☐ Victim's and
☐ Assailant's Car Assailant's Home
☐ Outside ☐ Workplace
☐ Assailant's Home ☐ Institution
☐ College Campus ☐ Other
☐ Friend's Home ☐ Unknown

Length Before Contact:

- ☐ Same Day ☐ 1-5 Years
☐ 1 Day ☐ 6-10 Years
☐ 3-6 Days ☐ 11-15 Years
☐ 1 Week to 1 Month ☐ Over 15 Years
☐ 2-6 Months ☐ Unknown
☐ 7-11 Months

Survivor of Incest ☐

Other Child Sexual Abuse ☐

Other Information and Offender Relationship to Victim

- ☐ Child Abuse (960s)
☐ Physical Abuse
☐ Psychological Abuse
☐ Child Witnessed Abuse
☐ Abuse Through Neglect
☐ Other Type of Abuse
☐ Terrorizing
☐ DUI/DWI Crash
☐ Elderly Abuse
☐ Stalking, Robbery
☐ Non-DV Assault
☐ Harassment
☐ Disorderly Conduct
☐ Survivor of Homicide
☐ Violation of Court Order
☐ Other _____

Relationship to Victim:

- ☐ Parent ☐ Spouse
☐ Grandparent ☐ Intimate Partner
☐ Guardian ☐ Sibling
☐ Other Family Member ☐ Acquaintance
☐ Other Non-Family ☐ Stranger
☐ Other Caretaker

Legal/Crime Information

Law Enforcement Called:

- ☐ Yes ☐ No
☐ No ☐ Yes – but didn't respond
☐ Unknown

Abuser Arrested:

- ☐ Yes
☐ No
☐ Unknown

Incident Report Filed:

- ☐ Yes
☐ No
☐ Unknown

Signer of Report:

- ☐ Victim ☐ Other
☐ Law Enforcement ☐ Unknown

Criminal Complaint Filed ☐

Went to Court ☐

Convicted ☐

Civil Resolution ☐

No Legal Resolution ☐

Financial Assessment:* Cash Income:* ☐ Yes ☐ No

- ☐ Earned Income \$ _____
☐ Private Disability Insurance \$ _____
☐ Unemployment Insurance \$ _____
☐ Worker's Compensation \$ _____
☐ Pension From Former Job \$ _____
☐ Supplemental Security Income \$ _____
☐ Social Security Disability Income \$ _____
☐ Retirement (Social Security) \$ _____
☐ Alimony \$ _____
☐ VA Service-Connected Disability \$ _____
☐ VA NonService-Connected Disability \$ _____
☐ TANF \$ _____
☐ Child Support \$ _____
☐ Other Income \$ _____

Non Cash Benefits:* ☐ Yes ☐ No

- ☐ Food Stamps/Money for Food on Benefits Card \$ _____
☐ Special Supplemental Nutrition Program (WIC)
☐ TANF Child Care Services
☐ TANF Transportation Services
☐ Other TANF Funded Services
☐ Section 8, Public Housing, Other Rental Asst. (PSH) \$ _____
☐ Temporary Rental Assistance (RRH) \$ _____
☐ Other Source

Adult Education Assessment:*

Currently in School/Working on Degree:*

- ☐ Yes ☐ No
☐ Client Doesn't Know ☐ Client Refused

Received Vocational Training/Apprenticeship:*

- ☐ Yes ☐ No
☐ Client Doesn't Know ☐ Client Refused

Highest Grade Completed:*

- ☐ No School Completed ☐ 12 Grade, No Diploma
☐ Nursery School to 4th Grade ☐ High School Diploma
☐ 5th Grade or 6th Grade ☐ GED
☐ 7th Grade or 8th Grade ☐ Post-Secondary School
☐ 9th Grade ☐ Client Doesn't Know
☐ 10th Grade ☐ Client Refused
☐ 11th Grade

Secondary Education:*

- ☐ None
☐ Associates Degree
☐ Bachelors
☐ Masters
☐ Doctorate
☐ Other Graduate/Professional Degree
☐ Certificate of Advanced Training or Skilled Artisan
☐ Client Doesn't Know
☐ Client Refused

Child Education Assessment:*

Highest Grade Completed:*

- ☐ No School Completed
- ☐ Nursery School to 4th Grade
- ☐ 5th Grade or 6th Grade
- ☐ 7th Grade or 8th Grade
- ☐ 9th Grade
- ☐ 10th Grade
- ☐ 11th Grade
- ☐ 12 Grade, No Diploma
- ☐ High School Diploma
- ☐ GED
- ☐ Post-Secondary School
- ☐ Client Doesn't Know
- ☐ Client Refused

Current Enrollment Status:*

- ☐ Yes ☐ No
- ☐ Client Doesn't Know ☐ Client Refused

If Yes, Type of School:*

- ☐ Public School ☐ Technical/Career
- ☐ Homeschool ☐ Client Doesn't Know
- ☐ Charter ☐ Client Refused
- ☐ Parochial or Other Private School

School Name:*

Connected w/McKinney-Vento School Liaison?*

- ☐ Yes ☐ No
- ☐ Client Doesn't Know ☐ Client Refused

If not enrolled, Last Enrollment Date:*

Reason Not Enrolled:*

Crimes:*

Incident Date:*

Abuser:*

Abuser DOB:*

Relationship to Victim:

- ☐ Parent ☐ Other Caretaker
- ☐ Grandparent ☐ Spouse
- ☐ Guardian ☐ Intimate Partner
- ☐ Other Family Member ☐ Sibling
- ☐ Other Non-Family Member ☐ Acquaintance
- ☐ Stranger

Crime:*

- ☐ Adult Survivor of Child Physical Abuse/Neglect
- ☐ Adult Survivor of Child Sexual Abuse
- ☐ Aggravated Harassment
- ☐ Assault
- ☐ Bias/Hate Crime
- ☐ Burglary
- ☐ Criminal Mischief
- ☐ Custodial Interference
- ☐ Child Abuse – Physical/Neglect
- ☐ Child Abuse – Sexual
- ☐ Domestic Violence
- ☐ Elder Abuse
- ☐ Harassment
- ☐ Homicide
- ☐ Identity Theft
- ☐ Incest
- ☐ Kidnapping
- ☐ Rape
- ☐ Robbery
- ☐ Sexual Assault
- ☐ Stalking
- ☐ Strangulation
- ☐ Trafficking
- ☐ Violation of Order of Protection

VOCA Victimization Category

- A. Child Physical Abuse
- B. Child Sexual Abuse
- C. DUI/DWI Crashes
- D. Domestic Violence
- E. Adult Sexual Abuse
- F. Elder Abuse
- G. Adults Molested as Children
- H. Survivors of Homicide Victims
- I. Robbery or Bank Robbery
- J. Assault
- K. Violent Crime
- L. Economic Exploitation and Fraud
- M. Hate Crimes
- N. Other
- O. Stalking

Primary Victimization ☐

Repeat Victim

- ☐ Yes ☐ No
- ☐ Client Doesn't Know ☐ Client Refused
- ☐ Data Not Collected

Legal Assessment:*

Assessment Description: _____

Are you currently involved in any of the following legal situations?

- ☐ Divorce
- ☐ Eviction
- ☐ Bill Collector
- ☐ Pending Criminal Charges
 - Description: _____
- ☐ Order of Protection
- ☐ Probation/Parole
- ☐ Custody Issues
- ☐ Child or Spousal Support
- ☐ Warrant for Arrest
- ☐ CPS Involvement
- ☐ Other: _____

Do you currently have legal representation? ☐

How many days, past 30 days, experiencing legal representation? _____

Legal Description Notes: _____

Transportation Assessment:*

Primary Transit Means:

- ☐ Own vehicle ☐ Bus
- ☐ Ride from friends/family ☐ VanTran
- ☐ Bicycle ☐ Walk
- ☐ Other: _____

Vehicle Ownership:

- ☐ Own
- ☐ Leased
- ☐ Borrowed

Vehicle Make: _____

Vehicle Model: _____

Vehicle Year: _____

Vehicle Description: _____

Vehicle Condition:

- ☐ Good running condition
- ☐ In Need of Repair
- ☐ Impounded

Vehicle Condition Description: _____

Registered State: _____

License Plate Number: _____

Insurance Company: _____

Insurance Renewal Date: _____

License Number: _____

License Expiration Date: _____

Other helpful resources at www.IndianaBOS.org.